# CFM INSTRUCTOR APPLICATION

## TEXAS DEPARTMENT OF HEALTH
## RETAIL FOODS DIVISION
## CERTIFIED FOOD MANAGEMENT (CFM) PROGRAM

Mail or FAX the completed CFM Instructor Application form and ALL required documentation to: Texas Department of Health, Retail Foods Division, 1100 W. 49th Street, Austin, TX 78756-3182.   FAX: (512) 719-0262.  Telephone: (512) 719-0232.

### FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WILL DELAY CERTIFICATION

**PLEASE TYPE OR PRINT LEGIBLY**

1. **Name of <u>Accredited CFM Program</u> Instructor Will Teach For**: _____

2. **Instructor Candidate Name**: _____
                       Last               First               MI

3. **Address**: _____
          Street        City       State       Zip Code

4. **Telephone (Daytime)**: _____   5. **Social Security Number**: _____
                Area Code    Number

6. **E-mail Address:** _____

7. **<u>INSTRUCTOR TRAINING REQUIREMENT</u>:**     <u>CERTIFIED FOOD MANAGER CERTIFICATE</u>  - ALL candidates must attach a copy of their current CFM certificate

8. **<u>INSTRUCTOR EXPERIENCE OR EDUCATION REQUIREMENT</u>:  Complete Either Section  A  OR  B**

   A. **<u>GRADUATE/BACHELOR/ASSOCIATE DEGREE APPLICANT</u>:**  ☐ Attach copy of transcript and diploma.
   (Degree must be in area of Food Safety/Environmental Health/or Natural Sciences)

   B. **<u>WORK EXPERIENCE APPLICANT</u>:** Attach copy of resume documenting the required work experience category.

      (1) ☐ State or Local Health Department Regulatory Inspection Work Experience (1 year minimum required) **or**

      (2) ☐ Food Establishment Work Experience (5 years minimum required)

**ALL CFM INSTRUCTOR APPLICATION PACKAGES MUST INCLUDE:**  **(1)** Completed, signed and dated CFM Instructor Application Form; **(2)** Copy of Current CFM Certificate; **and (3)** Resume of Work Experience OR copy of College Transcript and Diploma.

**AFFIDAVIT:** *I hereby certify that the information given above is true and correct to the best of my knowledge and that all required documentation is attached.  I understand that in accordance with the Rules for Accreditation of Certified Food Management Programs, §229.172(i)(2), I am required to obtain a minimum of 12 clock hours of continued professional training in food safety related topics in order to renew CFM Instructor certification*.

_____        _____
Signature of Instructor Candidate  (*NOT VALID Unless Signed and Dated*)      **Signature of CFM Program Sponsor**     Date

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**FOR TDH OFFICE USE ONLY:**

☐ CERTIFIED FOOD MANAGEMENT CERTIFICATE

☐ WORK EXPERIENCE VERIFICATION:   ☐ REGULATORY (1 YR)   ☐ INDUSTRY (5 YRS)

☐ DEGREE VERIFICATION:   ☐ TRANSCRIPT   ☐ DIPLOMA

☐ APPROVED ☐ DISAPPROVED   SIGNATURE:_____   DATE:_____

CFM INSTRUCTOR NUMBER: _____ CERTIFICATION EXPIRATION DATE: _____

CFM FORM  (Revised May 2003)